



world servants™

PERSONAL INFORMATION

(PLEASE PRINT)

Name: _____ DOB _____ Age _____ Gender _____ T-Shirt Size _____

Address: _____ Your Church/Group Name: _____

City, State Zip Code: _____ Group Leader: _____

Home Phone: _____ Cell: _____ Trip Location: _____

E-Mail: _____ Date of Trip: _____

Is this your first mission trip with World Servants? YES NO

Do you speak any foreign languages fluently? YES NO If yes, please list: _____

Describe your relationship to Jesus Christ: _____

IF YOUR TRIP REQUIRES A PASSPORT, PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS APPLICATION.

PASSPORT NAME _____

PASSPORT NUMBER _____

MEDICAL INFORMATION

Last tetanus shot (must be within last 10 years) _____

Check the blank if any of the following apply to you:*

- Allergies (including drug)
- Bee/Wasp Reaction
- Dizziness or Fainting
- Hay Fever
- High Blood Pressure
- Penicillin Allergy
- Physical Disability
- Respiratory Problems
- Asthma
- Diabetes
- Epilepsy
- Heart Trouble
- Operation in Last Year
- Pregnant
- Regular Medication
- Other

Bring a supply of your regular medication with you. You may want to get a written prescription to give to your group leader in case of emergency

*DESCRIBE BELOW, AS NEEDED, ANY CONDITIONS THAT APPLY (i.e. food allergies or dietary restrictions): _____

INSURANCE INFORMATION:

- All participants **must have health insurance.**
- Applications **WILL NOT** be processed without insurance information.

Insurance Company: _____

Policy Number: _____

If you do not have insurance, please contact World Servants at 800-881-2170.

IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

PROFILE Check as many as apply:

- Pastor
- Parent
- Sports Camps
- Bible Study Leader
- Youth Pastor
- Doctor
- Contractor/Construction
- Drama
- Youth Volunteer
- Nurse
- Play Guitar/Sing
- VBS/Willing to Lead Kids Club
- EMT
- Worship Leader
- CPR/Lifesaving Certified

ADULT PARTICIPANT RELEASE

I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE ON THE REVERSE SIDE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed.

Signature _____ Date _____

LIABILITY WAIVER & RELEASE

In consideration of being allowed to participate in the trip sponsored by World Servants, Inc., its partners and/or agents and in consideration of the benefits to be derived there from, I hereby release World Servants, Inc., its partners and/or agents and their present and former trustees, officers, directors, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I, my spouse, or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. **If for any reason my child is unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my child's return home.**

I agree that World Servants, Inc., and my, my spouse's and/or my child's group may use and/or display the name, address and likeness of me, my spouse and/or my child without limitation for promotional purposes without further consideration. I authorize World Servants, Inc., and my, my spouse's and my child's group, their partners and/or agents, permission to use, copy, reproduce, display, distribute, publish, and exhibit any pictures, video or narrative my child takes during the trip which I my spouse and/or my child provides to any of them, and pictures, video or narrative in which I, my spouse and/or my child may be included, without restriction. This authorization includes any means of communication at any place for any lawful purpose. I waive any right I, my spouse and/or my child might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily. I also certify that I am the lawful guardian of the minor identified on this student application.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me or my spouse or my child to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through a Christian reconciliation service. (<http://www.peacemaker.net>)



world servants®

THIS FORM WILL NOT BE PROCESSED IF ALL SECTIONS ARE NOT COMPLETED AND NOTARIZED IF NEEDED

STUDENT APPLICATION FORM

PERSONAL INFORMATION

(PLEASE PRINT)

Name: _____ DOB _____ Age _____ Gender _____ T-Shirt Size _____

Address: _____ Your Church/Group Name: _____

City, State Zip Code: _____ Group Leader: _____

Home Phone: _____ Cell: _____ Trip Location: _____

E-Mail: _____ Date of Trip: _____

Is this your first mission trip with World Servants? YES NO

Do you speak any foreign languages fluently? YES NO If yes, please list: _____

Describe your relationship to Jesus Christ: _____

IF YOUR TRIP REQUIRES A PASSPORT, PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS APPLICATION.

PASSPORT NAME _____

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- Allergies (including drug) Bee/Wasp Reaction
Dizziness or Fainting Hay Fever
High Blood Pressure Penicillin Allergy
Physical Disability Respiratory Problems
Asthma Diabetes
Epilepsy Heart Trouble
Operation in Last Year Pregnant
Regular Medication Other

INSURANCE INFORMATION:

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Bring a supply of your regular medication with you. You may want to get a written prescription to give to your group leader in case of emergency

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IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Relationship: _____

YOUTH PARTICIPANT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in the World Servants mission trip mentioned above. I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE ON THE REVERSE SIDE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

Signature _____ Date _____ Relationship to Participant _____

(Sign in the presence of a Notary Public when having this form notarized)

NOTARY

NOTE: Notarization is required for any participant under the age of 18 years of age and traveling without their parent(s).

State of _____ County of _____

Sworn to and subscribed to me this _____ day of _____, 20 _____

Signature _____ My commission expires _____

LIABILITY WAIVER & RELEASE

In consideration of being allowed to participate in the trip sponsored by World Servants, Inc., its partners and/or agents and in consideration of the benefits to be derived there from, I hereby release World Servants, Inc., its partners and/or agents and their present and former trustees, officers, directors, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I, my spouse, or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. **If for any reason my child is unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my child's return home.**

I agree that World Servants, Inc., and my, my spouse's and/or my child's group may use and/or display the name, address and likeness of me, my spouse and/or my child without limitation for promotional purposes without further consideration. I authorize World Servants, Inc., and my, my spouse's and my child's group, their partners and/or agents, permission to use, copy, reproduce, display, distribute, publish, and exhibit any pictures, video or narrative my child takes during the trip which I my spouse and/or my child provides to any of them, and pictures, video or narrative in which I, my spouse and/or my child may be included, without restriction. This authorization includes any means of communication at any place for any lawful purpose. I waive any right I, my spouse and/or my child might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily. I also certify that I am the lawful guardian of the minor identified on this student application.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me or my spouse or my child to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

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